

# 2009 Alaska Amended Operator License Application

## Operator Information

847A

Federal EIN or Social Security number	Operator license #	Phone number	Fax number
Operator first name	MI	Operator last name	Email

Complete only if there is a change in address.

New mailing address	City	State	Zip + 4
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## Change of Location(s) of Activity

You must provide proof of liability insurance for each location you add.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game type(s)
Physical address		City	State Zip + 4

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated	Game type(s)
Physical address		City	State Zip + 4

## Change in Contracted Permittees

List permittees for whom you will conduct gaming activities.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of organization	Game type(s)
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of organization	Game type(s)
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of organization	Game type(s)

## Managers & Supervisors

Provide the required information for each person who manages or supervises any of the licensed gaming activities as defined in AS 05.15.122. If more than one change, attach a separate a sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Employee first name	MI	Last name	Social Security number
Home mailing address				Home phone number
City		State	Zip + 4	Position title

## Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

- ☐ Yes ☐ No Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state or another jurisdiction that is a crime involving theft or dishonesty or a violation of gambling laws?
- ☐ Yes ☐ No Does any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?

*I declare, under penalty of unsworn falsification, that I have examined this application, including any attachments, and that, to the best of my knowledge and belief, it is true and complete. I understand that any false statement made on the application or any attachment is punishable by law. With my signature below, I agree to allow the Department of Revenue to review any criminal history I may have in accordance with 15 ACC 160.934*

Operator signature	Printed name	Date
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**One copy of the application must be sent to all applicable municipality and borough.**

See instructions for mandatory attachments.

Mail to **Alaska Department of Revenue - Tax Division**  
PO Box 110420 • Juneau, AK 99811-0420  
Phone (907)465-2320 • Fax (907)465-3098  
[www.tax.alaska.gov/gaming](http://www.tax.alaska.gov/gaming)

Department only: Date stamp

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**Retain a copy for your records**

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